

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

~~Still born~~

Died at Ellicott ^{Town} City Howard ^{County} Co **MARYLAND**

Date of death 1900 ^{Month} Feb. ^{Day} 10 Age — ^{Years} — ^{Months} — ^{Days} —

Sex Female Color or Race white Birth-place Maryland

Occupation — Where Residing if not at place of death Ellicott City

Married, Single or Widowed — Name of wife or Husband —

Father's Name John E. Carey Father's Birthplace Maryland

Mother's Maiden Name Florence Esby Mother's Birthplace Maryland

Name of person giving information John E. Carey How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary ✓ How long 1

Immediate Premature Birth How long —

Are the name, age, sex, color, date and place correctly given above? yes

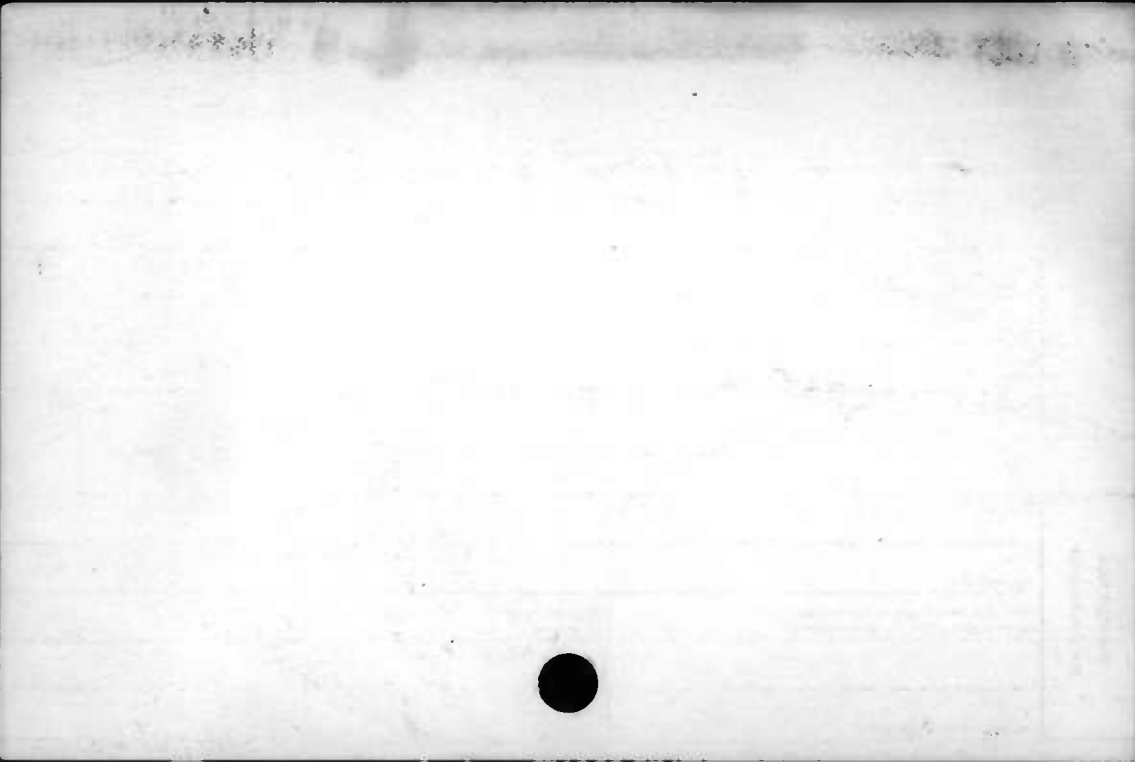
Signature of Physician W. M. Phogus MD

Address Ellicott City, Md

Accident or Suicide? —



Name in Full James Alexander Cook		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Town River		County Howard
	Date of death 1905 Feb 17		Age 17
	Month Feb	Day 17	Years —
	Months —	Days 5	
	Sex Boy	Color or Race black	Birth-place River
	Occupation —	Where Residing if not at place of death —	
	Married, Single or Widowed —	Name of Wife or Husband —	
	Father's Name Mass Cook Jr	Father's Birthplace Md -	
Mother's Maiden Name Anna Bernhardt	Mother's Birthplace Md -		
Name of person giving information Father	How related to deceased Father		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Convulsions	How long 5 hours	
	Immediate —	How long —	
	Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Geo W. Kelly Jr	
	—	Address —	
	Accident or Suicide? —	—	



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Ellicott City</i>		County <i>Howard</i>		MARYLAND	
Date of death	1905	Month <i>Feb.</i>	Day <i>19th</i>	Age <i>1</i>	Years	Months	Days
Sex	<i>Female</i>		Color or Race	<i>(Col.)</i>		Birth-place	<i>Md.</i>
Occupation	<i>—</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>—</i>				
Father's Name	<i>not known</i>					Father's Birthplace	<i>—</i>
Mother's Maiden Name	<i>Estelle Crawford</i>					Mother's Birthplace	<i>Md.</i>
Name of person giving information	<i>George Crawford</i>					How related to deceased	<i>Grand Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>—</i>
Immediate	<i>93</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>Stephen Hellingger & Son</i>
		Address	<i>Undertakers.</i>
Accident or Suicide?	<i>—</i>		<i>Ellicott City.</i>



Name
in
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NEAREST FRIEND

George Washington Easton

CERTIFICATE OF DEATH

Died at ^{Town} Seagoville ^{County} Howard

MARYLAND

Date of death 1905 ^{Month} Feb ^{Day} 20 ^{Age} 41 ^{Years} ^{Months} 2 ^{Days}

Sex Male Color or Race white Birth-place Laytonsville Md

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed married Name of Wife or Husband Mary Rebecca Easton

Father's Name John Easton Father's Birthplace Don't Know

Mother's Maiden Name Caroline V Easton Mother's Birthplace Montgomery Co,

Name of person giving information Mary R Easton How related to deceased wife

CAUSES OF DEATH

Primary Lobar Pneumonia How long 10 days

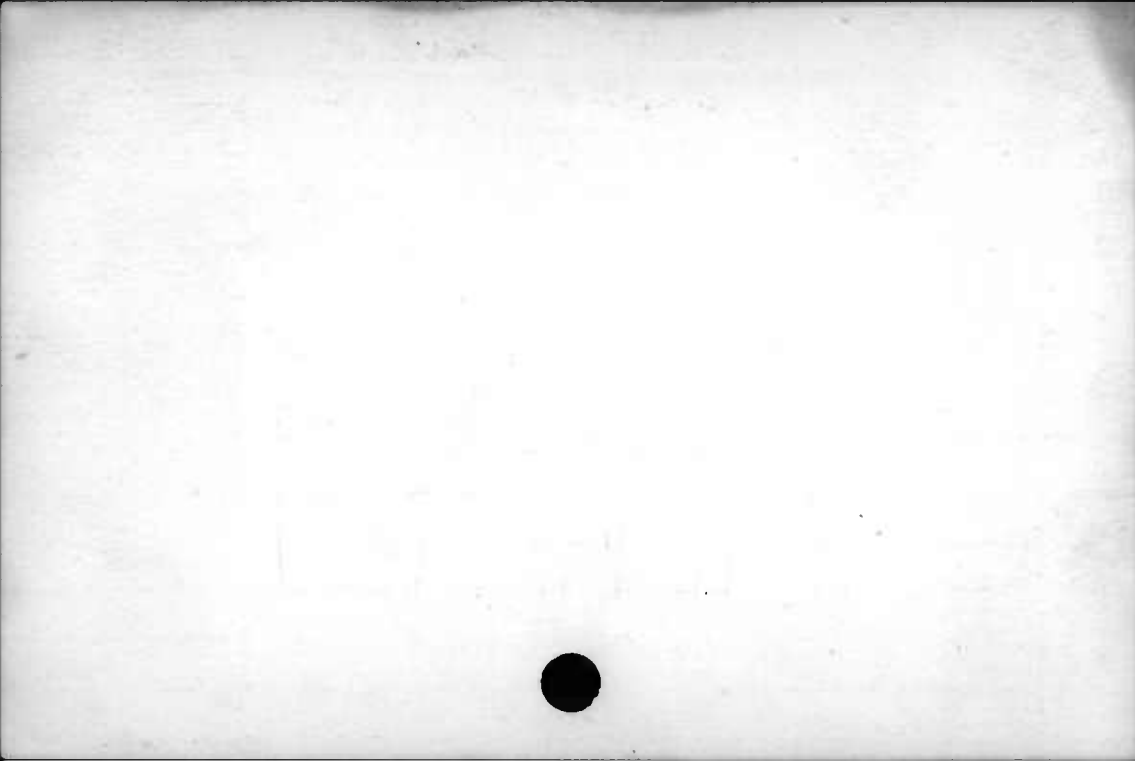
Immediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician W. F. Taylor M.D.

Address Laurel Md

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Unnamed.

CERTIFICATE OF DEATH

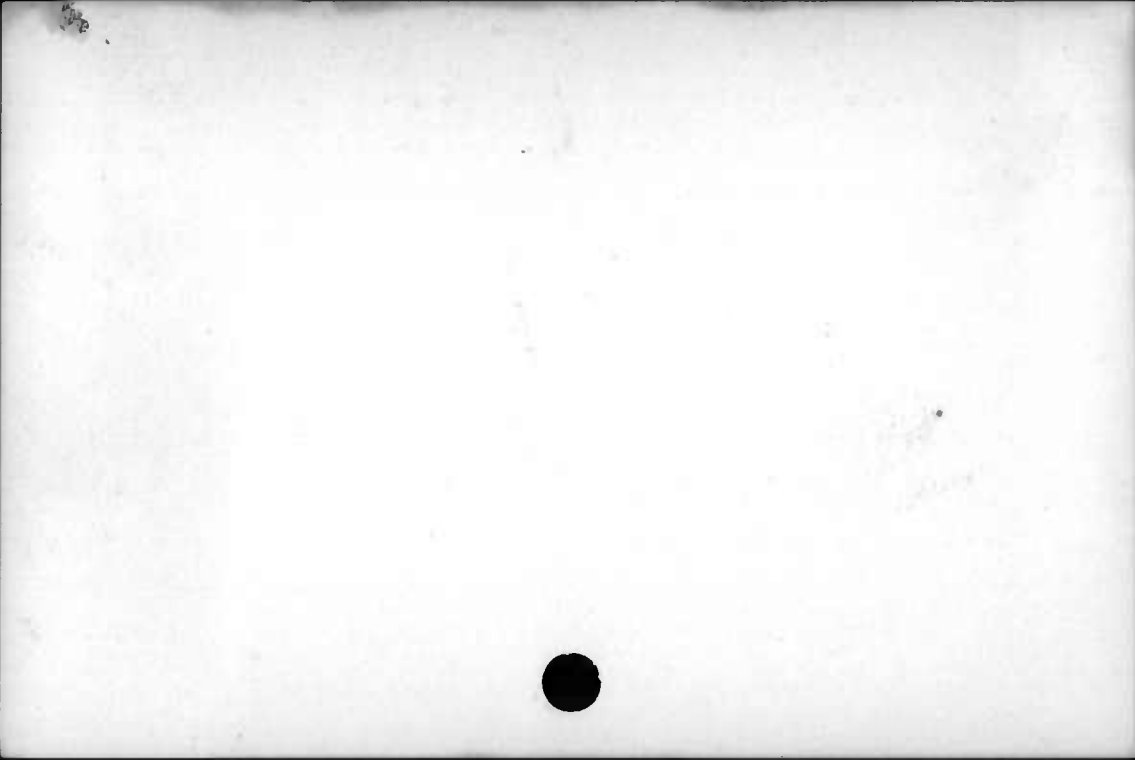
TO BE ANSWERED BY
NEAREST FRIEND

Died at Gary,		Town		County Howard -		State MARYLAND	
Date of death 1905	Month Feb.	Day 22	Age 0	Years	Months	Days	
Sex Female.		Color or Race Negro.		Birth-place Gary, Md.			
Married, Single or Widowed 2				Occupation			
Name of Wife or Husband							
Father's Name Josiah Gains				Father's Birthplace Virginia			
Mother's Maiden Name Eliya Williams				Mother's Birthplace Virginia			
Name of person giving information Eliya Gains				How related to deceased Mother.			

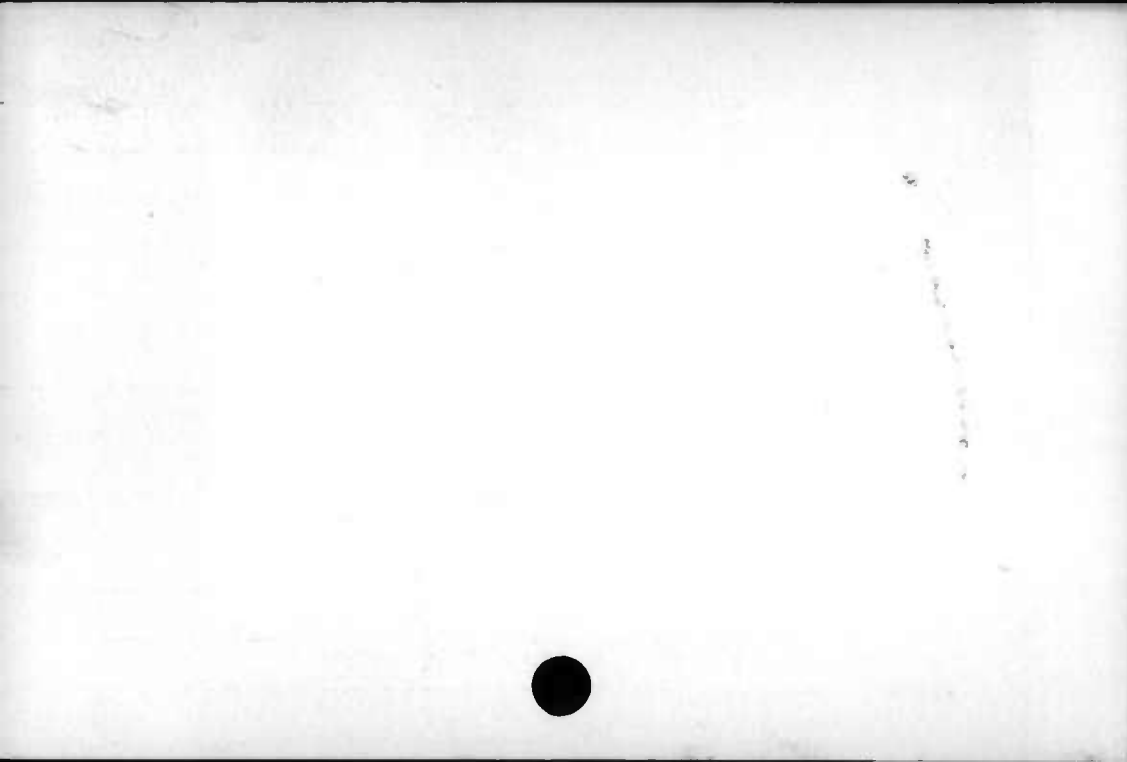
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	S.	How long
Immediate	Asphyxia.	How long
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. W. Lacy
		Address Lisbon, Md.
Accident or Suicide? 2		



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Elizabeth Laitner		Dayton		Howard
	Died at		Town		County
	Date of death 1903-		Month Feb.	Day 26	Age 84
	Sex Female		Color or Race White	Birth-place Md	Months — Days —
	Married, Single or Widowed		Single	Occupation None	
	Name of Wife or Husband				
	Father's Name		Greenbury Laitner	Father's Birthplace	Md.
Mother's Maiden Name		Katharine Close	Mother's Birthplace	Pa.	
Name of person giving information		S. R. Nichols	How related to deceased	Physician	
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	Infirmities of old age			How long
	Immediate	—			How long
	Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	S. R. Nichols
			Address	Dayton Md.	
	Accident or Suicide?				



Name
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CERTIFICATE OF DEATH

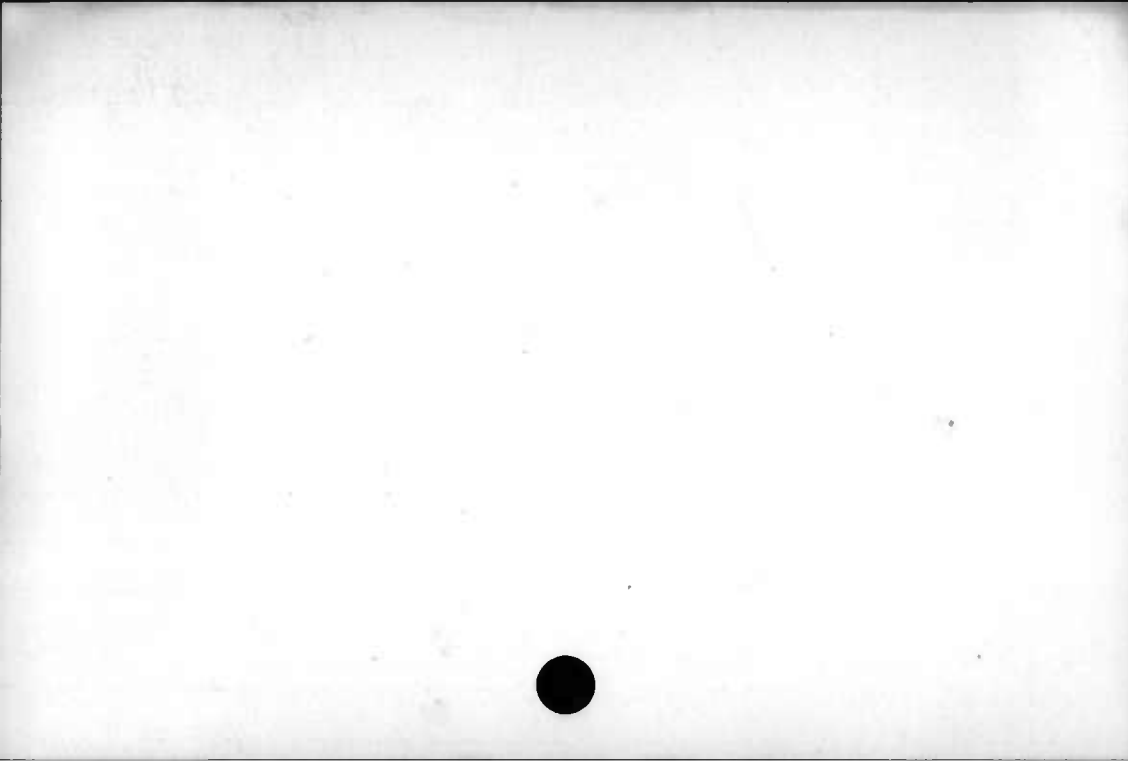
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Martha Harding</i>		- Town <i>Highland</i>		County <i>Howard</i>		MARYLAND					
Died at <i>Highland</i>		Month <i>Feb.</i>		Day <i>20</i>		Age <i>62</i>		Months <i>—</i>		Days <i>—</i>	
Date of death 190 <i>5</i>		Month <i>Feb.</i>		Day <i>20</i>		Age <i>62</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>							
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>									
Name of Wife or Husband <i>Robert Harding</i>											
Father's Name <i>—</i>		Father's Birthplace <i>—</i>									
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>									
Name of person giving information <i>J. R. Nichols</i>		How related to deceased <i>Physician</i>									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valvular Heart Disease</i>		How long <i>1 year</i>	
Immediate <i>19</i>		How long <i>19</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. R. Nichols</i>	
		Address <i>Dayton Md.</i>	
Accident or Suicide?			



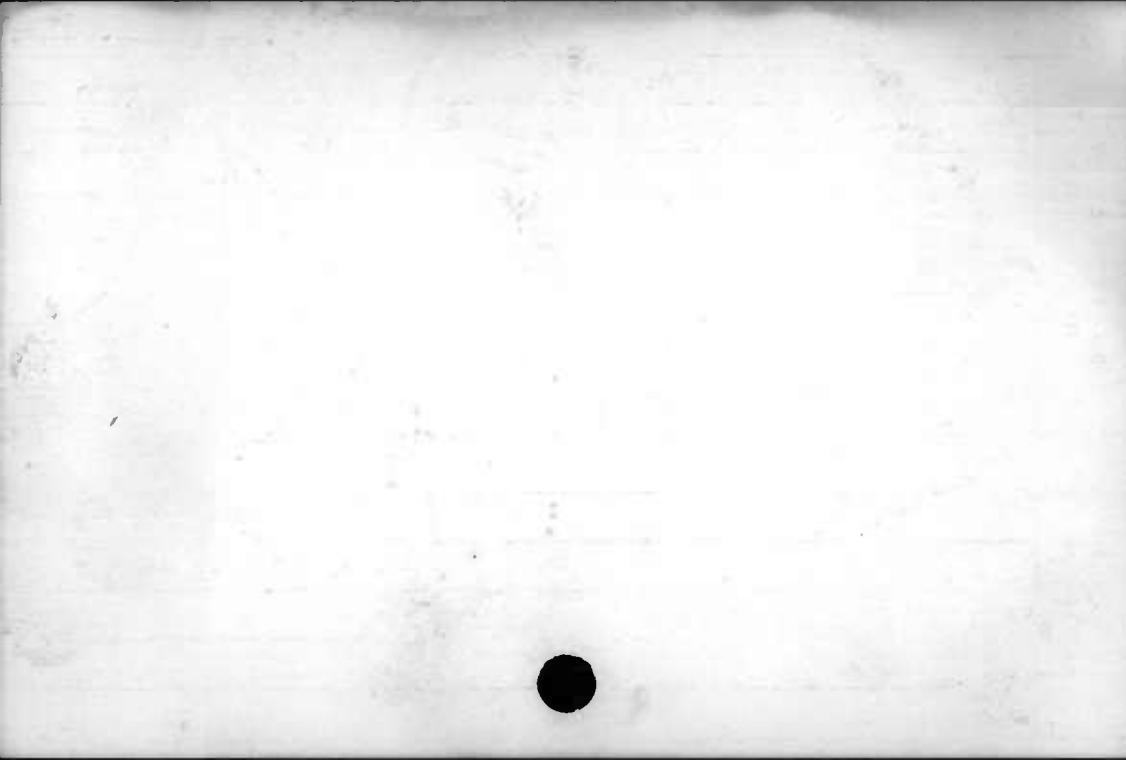
Name
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CERTIFICATE OF DEATH

Name <i>Joseph Howard</i>		Town <i>Glenwood</i>		County <i>Howard Co.</i>		MARYLAND	
Died at		Month <i>Feb</i>		Day <i>14</i>		Years <i>85</i>	
Date of death <i>1905</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Howard, Md.</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Glenwood</i>		Months <i>No</i>		Days <i>No</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>No</i>		Father's Birthplace <i>do not know</i>		Mother's Birthplace <i>Howard Co.</i>	
Father's Name <i>Do not know</i>		Mother's Maiden Name <i>Matilda Hobbs</i>		Name of person giving information <i>Eugene Howard</i>		How related to deceased <i>Uncle</i>	

CAUSES OF DEATH

Primary	<i>Old age</i>	How long	<i>three months</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Correct</i>		Signature of Physician <i>Dr. J. W. Hebb, Sr.</i>	
		Address <i>Howard Co., Md.</i>	
Accident or Suicide?			



Name
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Full

child = Malone

CERTIFICATE OF DEATH

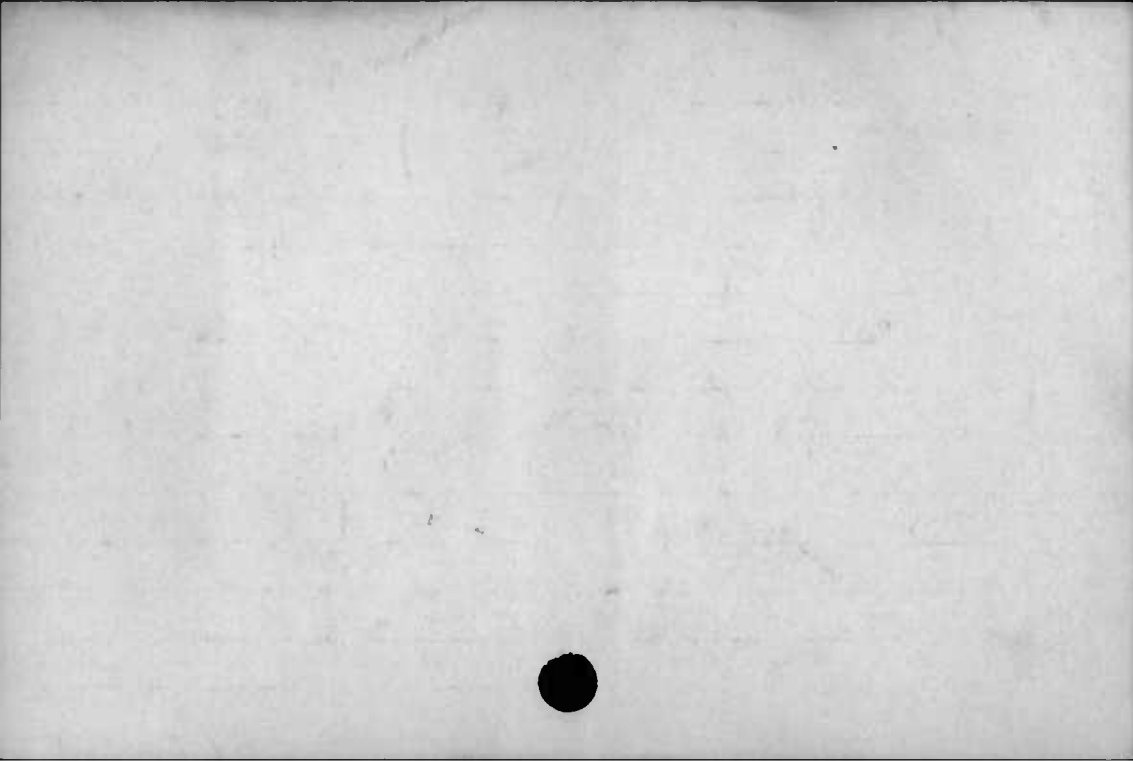
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ellicott City</i> ^{Town}		<i>Honolulu</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>2nd</i>	Day <i>17th</i>	Age <i>3 weeks</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ellicott City</i>		
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>				
<i>—</i> Single or Widowed		Name of Wife or Husband <i>American</i>			
Father's Name <i>Edward Malone</i>			Father's Birthplace <i>Ellicott City</i>		
Mother's Maiden Name <i>Mary Dempsey</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Dr B Boring M.D.</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Congenital Heart trouble</i>	How long <i>2 weeks</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr B Boring</i>
	Address <i>Ellicott City</i>
Accident or Suicide? <i>—</i>	



Name
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Raymon Parrott

CERTIFICATE OF DEATH

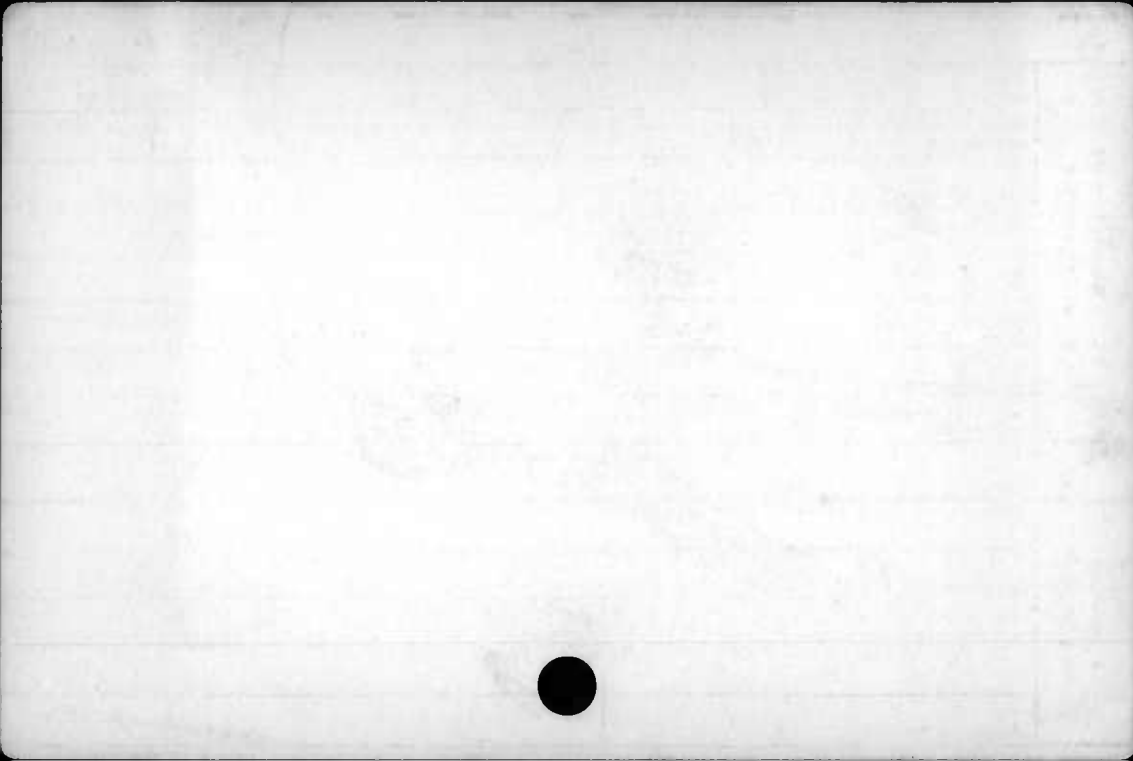
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NEAREST FRIEND

Died at		Town Harwood		County Howard		MARYLAND	
Date of death 1905-	Month 2	Day 8	Age	Years X	Months 1	Days 4	
Sex Male		Color or Race White		Birth- place Harwood			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name Geo W Parrott				Father's Birthplace Md			
Mother's Maiden Name Arthurie Lill				Mother's Birthplace Michigan			
Name of person giving In formation Geo W Parrott				How related to deceased Father			

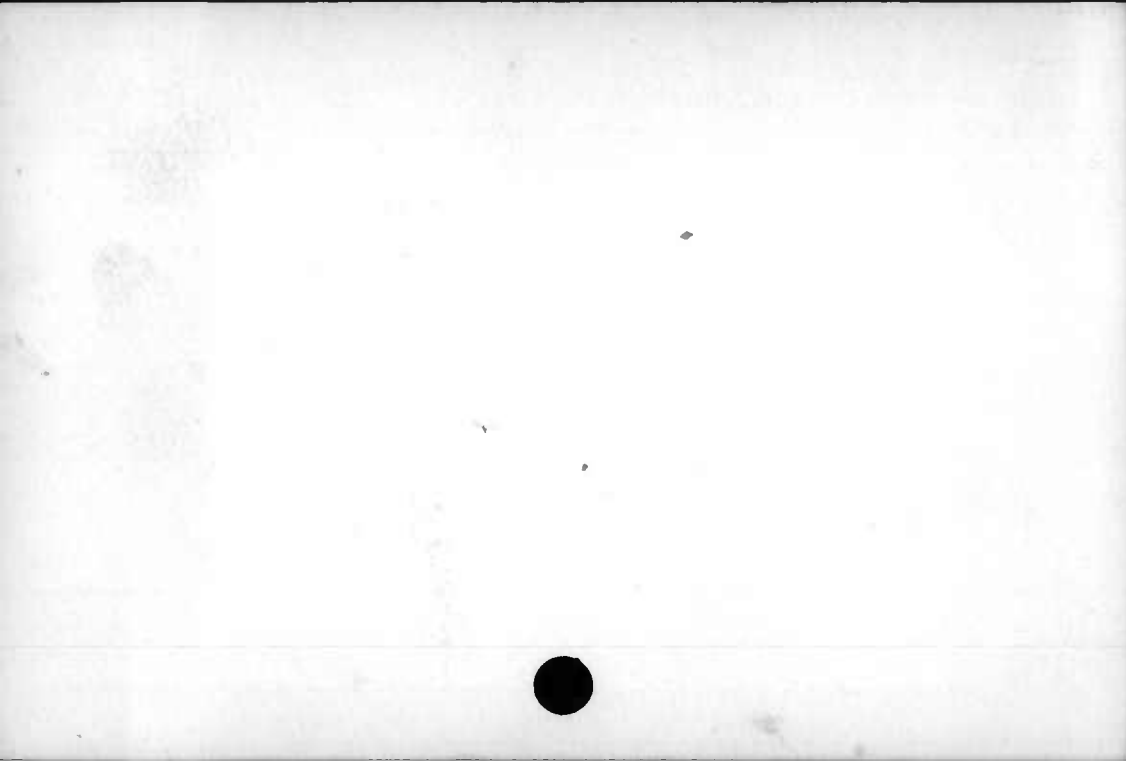
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	La Grippe	How long	6- days
Immediate	Strangulation	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Harrison T. [unclear]	
		Address B. [unclear] Md	
Accident or Suicide?			



Name in Full		Murierra Thompson				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Dayton		County		Howard	
	Date of death 190		5-	Feb.	3	Age	73-	
	Sex		Female		Color or Race		White	
	Married, Single or Widowed		Widow		Occupation		None	
	Name of Wife or Husband		Thomas Thompson					
	Father's Name							
	Mother's Maiden Name							
Name of person giving information		S. A. Nichols				How related to deceased		
						Physician		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Fatty degeneration of Heart				How long	2 years
	Immediate		Thyroidal Pneumonia				How long	5 days
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		S. A. Nichols	
					Address		Dayton, Md.	
	Accident or Suicide?		✓					



Name
in
Full

Daisy Walker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Irby</i> ^{Town} <i>Hornum</i> ^{County} <i>Hornum</i>		MARYLAND	
Date of death 190 <i>5</i> - <i>Feb</i> ^{Month} <i>19</i> ^{Day}	Age <i>1</i> ^{Years}	Months <i>1</i>	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Ind</i>	
Married, Single or Widowed		Occupation	
Name of Wife or Husband			
Father's Name		Father's Birthplace	
Mother's Maiden Name <i>M - Walker</i>		Mother's Birthplace	
Name of person giving information		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Inward apoplexy</i>	How long <i>7 1/2</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>B. L. Shipley</i>
	Address <i>Daisy</i>
Accident or Suicide?	

